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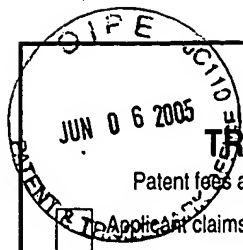
PTO 85/21 (08-00)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/747,748
	Filing Date	December 29, 2003
	First Named Inventor	Kiyoshi Kase
	Group Art Unit	2819
	Examiner Name	Vibol Tan
Total Number of Pages in this Submission	Attorney Docket Number	SC13037TC

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Replacement Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, <b>Brief</b> , Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Copy of Notice to File Missing Parts
		<input type="checkbox"/> Transmittal of Formal Drawings
		<input type="checkbox"/> Cited References *

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	David G. Dolezal	Registration No.	41,711
Signature			
Date	6/2/05		

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:	
Typed or printed name	Pat Thomas
Signature	
Date	6/2/05



# FEE TRANSMITTAL

Patent fees are subject to annual revision

To Applicant claims small entity status. See 37 CFR 1.27

## Complete if Known

Application Number 10/747,748  
Filing Date December 29, 2003  
First Named Inventor Kiyoshi Kase et al  
Examiner Name Vibol Tan  
Group Art Unit 2819  
Attorney Docket No. SC13037TC

TOTAL AMOUNT OF PAYMENT

(\$ 1400

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number

503079

Deposit Account Name

FREESCALE  
SEMICONDUCTOR, INC.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	430	2252	215	Extension for reply within second month
1253	980	2253	490	Extension for reply within third month
1254	1530	2254	765	Extension for reply within fourth month
1255	2080	2255	1040	Extension for reply within fifth month
1401	340	2401	170	Notice of Appeal
1402	340	2402	170	Filing a brief in support of an appeal
1403	300	2403	150	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1370	2453	685	Petition to revive - unintentional
1501	1370	2501	685	Utility issue fee (or reissue)
1502	490	2502	245	Design issue fee
1503	660	2503	330	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
1801	790	2801	395	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify)

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1011	300	2001	395	Utility filing fee	300
1002	300	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
1111				Utility Search Fee	500
1311				Utility Exam Fee	200

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid	
41	43	0	50	0	
Independent Claims	10	3	7	200	1400

Multiple Dependent

300 =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	50	2202	9	Claims in excess of 20
1201	200	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	* Reissue independent claims over original patent
1205	18	2205	9	* Reissue claim s in excess of 20 and over original patent

SUBTOTAL (2) (\$ 1400

\*\*or number previously paid, if greater; For Reissues, see above.

SUBTOTAL (3) (\$)

\* Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) David G. Dolezal

Signature

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Telephone

(512) 996-6839

Date

6/2/05

Complete (if applicable)